



## Consolidated Application Page 2

### DISLOCATED WORKER

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Dislocated Worker  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Date of Quality Dislocation  | _____                        |                             |
| 3. Dislocation Hourly Wage  | _____                        |                             |
| 4. Current Hourly Wage  | _____                        |                             |
| 5. Occupation at Dislocation  | _____                        |                             |
| 6. Rapid Response   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 7. Referred by WPRS   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. Unemployed/Underemployed homemaker no longer supported by spouse and having difficulty obtaining or upgrading employment | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. Trade Adjustment Certified   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Current Labor Force Status:**

- Employed  
 Not Employed  
 Never Held a Job

**Weeks unemployed during the last 26 weeks:**

\_\_\_\_\_

**WORK WANTED:**

**What type of job are you looking for?**

**EDUCATION:**

Number of years of school attended:

**If employed, where are you working now:**

**Hours:**

**Salary:**

**Degrees/Diplomas/Certificates/Licenses**

- |  |  |
|--|--|
| <input type="checkbox"/> Unspecified           | <input type="checkbox"/> Bachelor's Degree                                       |
| <input type="checkbox"/> Less than High School | <input type="checkbox"/> Master's Degree   |
| <input type="checkbox"/> High School Diploma   | <input type="checkbox"/> Doctoral Degree   |
| <input type="checkbox"/> Some College          | <input type="checkbox"/> Professional/Technical/Apprenticeship/Trade Certificate |
| <input type="checkbox"/> Associate Degree      | <input type="checkbox"/> Professional/Technical/Trade License                    |
| <input type="checkbox"/> Vocational Degree     | <input type="checkbox"/> Professional/Technical/Trade Registration               |

**Physical or mental disability**

Yes     No

Does disability constitute or result in a substantial barrier to employment     Yes     No

Requires assistance or auxiliary aids to utilize DET services     Yes     No

Currently receiving **Unemployment Insurance** benefits?     Yes  
 No

Weekly benefit amount: \$ \_\_\_\_\_ .00

Recently applied for Unemployment Insurance benefits     Yes  
 No

Exhausted a claim for Unemployment Insurance benefits within the last 6 months     Yes  
 No

# Consolidated Application Page 3

**Migrant Farm Worker/Food Processor**

During the last 12 months:

Worked at least 25 days in farm work  Yes  No

**Veteran Information**

**Veteran**  Yes  No

**Entitled to Veteran's preference based on spouse's military service**

**Served during a war, campaign or expedition**  Yes  No

**Served on Active Duty with Homeland Security**  Yes  No

**Recently separated Veteran**  Yes  No

**Will you be retiring from the Military within the next 12 months**  Yes  No

**Discharged or released from active duty due to service-connected disability**  Yes  No

**Are you the spouse of any person who died of a military service-connected disability?**  Yes  No

**Are you the spouse of any member of the Armed Forces serving on active duty who at the time of this registration has been in any one or more of the following categories for more than 90 days:**  Yes  No

**Are you the spouse of any person who has a total disability permanent in nature resulting from a military service-connected disability?**  Yes  No

**Are you the spouse of a veteran who died while diagnosed with a total disability permanent in nature resulting from a military service-connected disability?**  Yes  No

**Are you the spouse of a military service member of the armed forces who is receiving transitional services prior to retirement or discharge from military service?**  Yes  No

DVA Disability Rating:

- 30% or more
- Less than 30%
- Lessthan 30% with serious employment disability-
- Most recent dates of military service:

**Active Duty Start Date:**

**Active Duty End Date or Projected End Date:**

**Branch of military served:**

- Air Force
- Army
- Coast Guard
- Marines
- Merchant Marines
- Navy

**Activity/Goal Enrollment:**

Activity Code \_\_\_\_\_ Actual Date \_\_\_\_\_ Estimated End Date \_\_\_\_\_

Activity Code \_\_\_\_\_ Actual Date \_\_\_\_\_ Estimated End Date \_\_\_\_\_

Activity Code \_\_\_\_\_ Actual Date \_\_\_\_\_ Estimated End Date \_\_\_\_\_

**ACTIVITY CODES:**

**EAC-** Education Achievement Services or Tutoring, studying skills training  
**EOTOY-** Employment Opportunities Throughout the Yr.  
**CGAC** – Comprehensive Guidance and Counseling

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent, Guardian (if applicant is under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Interviewer

\_\_\_\_\_  
Date